



**Alternatives  
to  
HRT**

**Information leaflet**

## **Contents**

Introduction	3
Dietary and lifestyle measures	3 - 4
Prescribed alternatives	5 – 8
Over the counter alternatives	8 – 10
Complementary therapies	11
Useful contacts	12

## Introduction

The benefits of HRT are well known in the control of menopausal symptoms such as hot flushes and sweats, and in the prevention and treatment of osteoporosis. However, many women do not take HRT, either because they are medically advised not to do so, have tried HRT and not tolerated it because of side effects, or prefer not to take it and take a more “natural” approach to managing the menopause. For these women, alternatives to HRT can be helpful. Alternatives are available as prescription or over the counter medications but with a growing alternative therapy market, the choices for women can often be confusing. This leaflet is aimed at giving an overview of some of the alternatives available along with general advice on dietary and lifestyle measures in managing the menopause.

### 1) Dietary & Lifestyle Measures

#### **Diet: -**

Good nutrition is essential at all stages in life but especially so in menopausal years where eating a well balanced diet can help to reduce weight gain and minimise symptoms.

A healthy, well-balanced diet is also important in reducing the risk factors associated with heart disease and osteoporosis.

As part of a well-balanced diet: -

- ◆ Eat more fruit and vegetables – 5 portions per day
- ◆ Increase dietary fibre e.g. brown bread, bran and cereals
- ◆ Avoid excess salt – limit in cooking and at the table
- ◆ Avoid excess caffeine – limit tea, coffee and fizzy drinks
- ◆ Cut down on fat and sugar
- ◆ Grill rather than fry foods
- ◆ Avoid large amounts of red meat – eat more white meat and fish
- ◆ Do not overeat and limit “junk” or processed foods.

## **Exercise: -**

Exercise is important for a healthy heart and cardiovascular system, maintaining strong, healthy bones, improving mood and in promoting overall well-being.

Any exercise is better than none at all with weight bearing exercise being best in the prevention and treatment of osteoporosis e.g. brisk walking, jogging, dancing and aerobics.

Swimming and cycling, although not weight bearing exercises, are good for maintaining joint flexibility and may also help to improve symptoms like flushes and sweats.

## **Rest and Relaxation: -**

With many women leading busy lives both at work and in the home it is important that time is made for adequate rest and relaxation. This is important in relieving stress and anxiety, improving mood and promoting overall well-being.

Excess stress is also linked to an increased risk of heart disease, and can worsen symptoms like flushes and sweats. It is therefore important that women make time for themselves to relax with simple measures such as a soak in the bath or reading a book.

## **Smoking: -**

Smoking is said to lower levels of oestrogen in the body and is associated with an earlier than average age of menopause. It also increases the risk of osteoporosis and heart disease, and can worsen symptoms like hot flushes and sweats. Women who smoke should therefore try to give up completely or cut down as much as possible.

## 2) Prescribed Alternatives

### a) For hot flushes: -

**Clonidine** (Dixarit) is a drug which is usually prescribed for migraine or high blood pressure but can also help to reduce the intensity of hot flushes in some women. The dose is normally 50-75 micrograms twice daily.

**Progestogens** - e.g. Medroxyprogesterone Acetate (Provera) and Megestrol Acetate (Megace) are synthetic forms of progesterone, which can help to reduce hot flushes and sweats, and can also help to protect bones. They are most commonly prescribed for women who cannot take oestrogen treatment after breast cancer. When in taken in high doses there may be an increased risk of blood clot (thrombosis).

**SSRI Drugs (Selective Serotonin Reuptake Inhibitors)** - these are a type of anti-depressant drugs which can help to reduce flushes and sweats by working on the “thermostat” in the brain. They are also useful in controlling mood swings. Examples are Venlafaxine, Fluoxetine and Paroxetine. These types of drugs can have side effects and Venlafaxine in particular should be prescribed with caution, as there are some concerns about toxic effects on the heart.

These drugs are usually prescribed in a low dose. Higher doses can be more effective in relieving flushes but side effects can be greater.

SSRI drugs can be particularly useful for women who have had breast cancer and cannot take HRT.

**Gabapentin:** - this is a drug which is used to treat epilepsy, nerve type pain and migraine but has been shown to help flushes. It can also be useful in relieving aches and pains, which some menopausal women may have. Possible side effects include dizziness, fatigue, tremor and weight gain. It is usually prescribed in a low dose of 300mg daily and then increased gradually if necessary to up to 900mg daily in divided doses.

## **b) For Osteoporosis: -**

The treatment of osteoporosis depends on several factors including age, sex, medical history and if there is a history of broken bones. Considering these factors helps to decide what the most appropriate treatment is for each individual. Although HRT is licensed for bone protection and is particularly helpful for those women having menopausal symptoms and requiring bone protection, there are also other non-hormonal treatments, which may be considered.

### **i) Bisphosphonate Drugs: -**

Bisphosphonates are non-hormonal drugs, which can be used for the prevention and treatment of osteoporosis. They work by slowing down the cells, which break down bone (osteoclasts), allowing the bone building cells (osteoblasts), to work more effectively, increasing bone density and reducing the risk of fractures. They are known as anti-resorptive drugs. There are currently 4 bisphosphonate drugs available on prescription – Etidronate, Alendronate, Risedronate and Ibandronate.

**Etidronate (Didronel PMO)** is a bisphosphonate drug, which is taken in a 3 month cycle with a prescribed calcium supplement.

**Alendronate (Fosamax)** is a newer type of bisphosphonate than Etidronate and is available as a daily or weekly tablet. It is usually prescribed as 70mg once weekly.

**Risedronate (Actonel)** works in a similar way to Alendronate. It is also available as either a daily or weekly tablet but is usually prescribed as 35mg weekly.

**Ibandronate (Bonviva)** is the newest bisphosphonate and is available as a once monthly tablet.

Bisphosphonates have to be taken on an empty stomach with plain tap water, with nothing else to eat or drink for at least 30 minutes afterwards. This is to allow maximum absorption and effect of the drugs, and to lessen the risk of any side effects. The weekly drugs are therefore usually more convenient than the daily regime.

They can sometimes affect the digestive system causing symptoms like nausea or diarrhoea but are usually tolerated well.

**ii) Strontium Ranelate (Protelos)** – is the latest addition to osteoporosis drugs. It is known as a dual action bone agent as it has anti-resorptive and bone forming properties. It is available as a 2g sachet of powder, which is dissolved in a glass of water. It should be taken daily preferably at bedtime.

### **iii) Selective Estrogen Receptor Modulators: -**

**Raloxifene (Evista)** - is a drug known as a Selective Estrogen Receptor Modulator (SERM). It mimics the action of oestrogen on the bone and has been shown to increase bone density, particularly in the spine and can help to reduce the risk of fractures. It does not however have the same effect as oestrogen on the breast and is actually thought to protect against breast cancer, although the effect on women who have had breast cancer is not yet known. It is licensed for use in post-menopausal women but is not suitable for those women who are still having flushes and sweats as it can worsen these symptoms.

**iv) Parathyroid Hormone (Teriparatide)** – is a drug which stimulates new bone formation. It is taken as a daily injection but is only available for prescription from specialists.

### **v) Calcium and Vitamin D supplements: -**

Calcium and Vitamin D are essential for strong bones and teeth. The best way of getting enough calcium is in the diet however Calcium and Vitamin D supplements can be beneficial particularly in older people and the frail or housebound, in reducing the risk of fractures. Supplements may also be beneficial to those women who have a low dietary intake of Calcium & Vitamin D through for example, not liking or not being able to tolerate dairy products, or having little exposure to sunlight. The recommended daily intake of calcium for women is 700mg, which is the equivalent of a

pint of semi-skimmed milk. Good dietary sources of calcium include dairy products, leafy green vegetables and oily fish. Our main sources of Vitamin D come from exposure to sunlight but dietary sources include oily fish, margarine and eggs.

### c) **For Vaginal atrophy:** -

Lack of oestrogen can cause the tissues of the vagina to become dry and more fragile (atrophic) which can cause discomfort and pain especially during sexual intercourse. Vaginal tablets, creams and pessaries which contain oestrogen can be prescribed as an alternative for women who cannot otherwise take oestrogen, as they act purely on the vaginal area with very little absorption into the whole system. These are normally used nightly for the first 2 weeks and then twice weekly thereafter as a maintenance dose. A vaginal ring is also available which is changed every 3 months.

Vaginal moisturisers such as Replens and Senselle gel can also be useful in relieving vaginal dryness and discomfort. These are non-hormonal preparations and are available to buy in pharmacies over the counter and Replens can be prescribed.

### 3) **Over the Counter Alternatives**

**Phytoestrogens** are naturally occurring compounds with weak oestrogen-like activity found in varying amounts in some plants.

There is growing interest in phytoestrogens because there has been some evidence to suggest that women who come from countries who traditionally have diets rich in phytoestrogens, for example in Asia and Japan, experience fewer menopausal symptoms and have a lower incidence of diseases like heart disease, osteoporosis, and cancers of the breast, womb and bowel.

Although the evidence is encouraging and would suggest potential benefits for women in Western countries, further research is necessary. Phytoestrogens can be taken as a supplement or by increasing dietary intake, however quite radical changes to diet may be required to have an effect.

Foods, which are good sources of phytoestrogens, include: -

**Cereals:** oats, barley, rye, brown rice, couscous and bulger wheat.

**Seeds:** sunflower, sesame, pumpkin, poppy, and linseeds.

**Pulses:** soya beans and all soya based products.

**Beans:** chickpeas, kidney beans, haricot beans, broad beans, green split peas.

**Vegetables:** red onions, green beans, celery, sweet peppers, sage, garlic, broccoli, tomatoes and bean sprouts.

Soya, linseed oils and red clover are the richest sources of phytoestrogens.

Commercial products such as Burgen bread and soya products like soya milk and yogurts are also richer sources and are available to buy in supermarkets. Phytoestrogens, such as Red Clover, are also available to buy in tablet form as an additional dietary supplement. They may, however not be suitable for all women. Women who have had breast cancer or other hormone dependant tumours may not be advised to take these as it is uncertain whether or not even the tiniest amount of oestrogen may have an adverse effect. More research is required.

**Evening Primrose / Starflower Oil** contains Gamma Linoleic Acid (GLA), which is an essential fatty acid and is commonly used for breast pain and tenderness. It may also be helpful for mood swings and in some women, hot flushes. The strength and potency can vary. Check the amount and aim for 240mg daily for at least 2 months for maximum effect. The dose can then be reduced as required. Caution – may interact with anti-inflammatory drugs, beta-blockers, anti-coagulants and anti-psychotics. Also use with anti-epileptic drugs may increase risk of seizures.

**Herbal Remedies: -**

Even though there is often very little scientific evidence available on the use of herbal remedies in relieving menopausal symptoms, many women use them and report an improvement in symptoms like flushes, sweats and mood swings.

There are many over the counter remedies available but the choice can be very confusing and it is not to be presumed that because they are “natural” remedies, they are completely safe. Such products are often marketed as food supplements and are not subject to the same regulation as conventional drugs. Doses can vary widely, and certain herbal remedies can interact with other medications and should therefore be used with caution. It is therefore important that women speak to a pharmacist or find a reputable therapist with whom to discuss such issues.

Herbal Remedies which may be useful, include: -

- ◆ **Agnus Castus** – most commonly used for pre-menstrual tension (PMT).  
**Caution** - Possible interactions with oral contraceptives and hormone replacement therapy.
- ◆ **Black Cohosh** – is widely used by women to alleviate menopausal symptoms. It may help with symptoms such as mood swings, depression and weepiness and may also help hot flushes. Little data is however, available on its long term use. **Caution** - may interact with blood pressure treatments and caution in those sensitive to Aspirin or Salicylates.
- ◆ **Ginkgo Biloba** – some studies have suggested beneficial effects on memory and cognitive function. **Caution** – it can interfere with blood clotting and should not be taken with anti-coagulant drugs such as Warfarin and Aspirin.
- ◆ **Sage** – may be helpful in relieving hot flushes. **Caution** for women with high blood pressure and if on Tamoxifen.

- ◆ **St John's Wort** – studies have shown this may be beneficial in treating mild / moderate anxiety & depression. **Caution** – has many drug interactions including Cyclosporin, Amitryptiline and other anti-depressants, Digoxin, Warfarin, Theophylline, anti -asthma drugs, oral contraceptives, migraine drugs, HIV drugs and others.

**If in doubt check with your pharmacist!**

#### 4) **Complementary Therapies**

Complementary therapies aim to treat the whole person rather than specific symptoms and although no data exist to show that any therapies control menopausal symptoms, some women may find that along with other lifestyle changes they may feel an improvement in symptoms like flushes and sweats and in overall mood and well being.

Complementary therapies include homeopathy, reflexology, acupuncture, massage and aromatherapy. The choice is confusing and it is important that women find a therapy, which suits them and is appropriate to their individual needs. It is therefore important that women find a good complementary therapist.

#### **Support: -**

Often women find talking to family and friends and sharing experiences and information with other women helps them to feel that they are not alone

and that they are understood. Information and support is also available from health professionals, support groups, national organisations and telephone helplines (see contact numbers and useful addresses).

### Useful addresses and contact numbers: -

**Website:** [www.menopausematters.co.uk](http://www.menopausematters.co.uk)

◆ Dumfries Menopause / Osteoporosis Helpline: 01387 241121.

Thursday mornings 9 am – 12 midday

Sr K Martin, Menopause Nurse Specialist

Dumfries & Galloway Royal Infirmary.

◆ National Osteoporosis Society

Camerton

Bath

BA2 0PJ

Website: [www.nos.org.uk](http://www.nos.org.uk)

Helpline: 0845 450 0230

- ◆ Women's Nutritional Advisory Service (WNAS)  
PO Box 268  
Lewes  
East Sussex  
BN7 2QN  
Tel: 01273 487366  
Website: [www.wnas.org](http://www.wnas.org)